

AFFIDAVIT FOR REMOVAL OF NAME

*Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Phone (502) 564-4850
Fax (502) 564-1442*

STATE OF KENTUCKY
COUNTY OF _____

The affiant, _____, Social Security Number _____
being first duly sworn, deposes and says:

That ☐ he or ☐ she is over the age of twenty-one and resides at _____, in
the City of _____, the State of _____ being in the County of
_____.

That ☐ he or ☐ she owns an interest in the alcoholic beverage control license(s)
privilege(s) (retail liquor drink license #) _____; (retail liquor by the package
license #) _____; (retail beer license #) _____.
located at _____ in the City of _____,
Kentucky in the County of _____.

The Affiant further states that ☐ he or ☐ she wishes to drop their name off the
license(s), hereby relinquishing all rights and interest in said alcoholic beverage license privilege.

X _____
Signature of Affiant

I, the undersigned, a Notary Public in and for the State and County aforesaid, do
hereby certify that _____ personally appeared before me and
acknowledged the above to be their free act and deed.

Witness my hand this _____ day of _____, 20____.

X _____
Notary Public

State of _____ at Large ☐ County of _____ at Large ☐

My Commission Expires: _____.